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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL.

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O. C. WELBOURN, A. M., M. D., Editor

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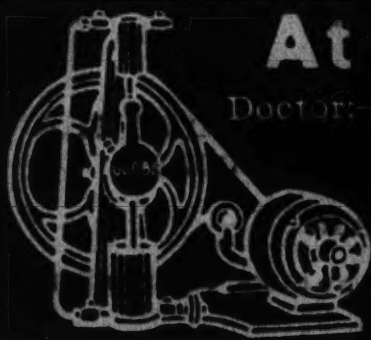
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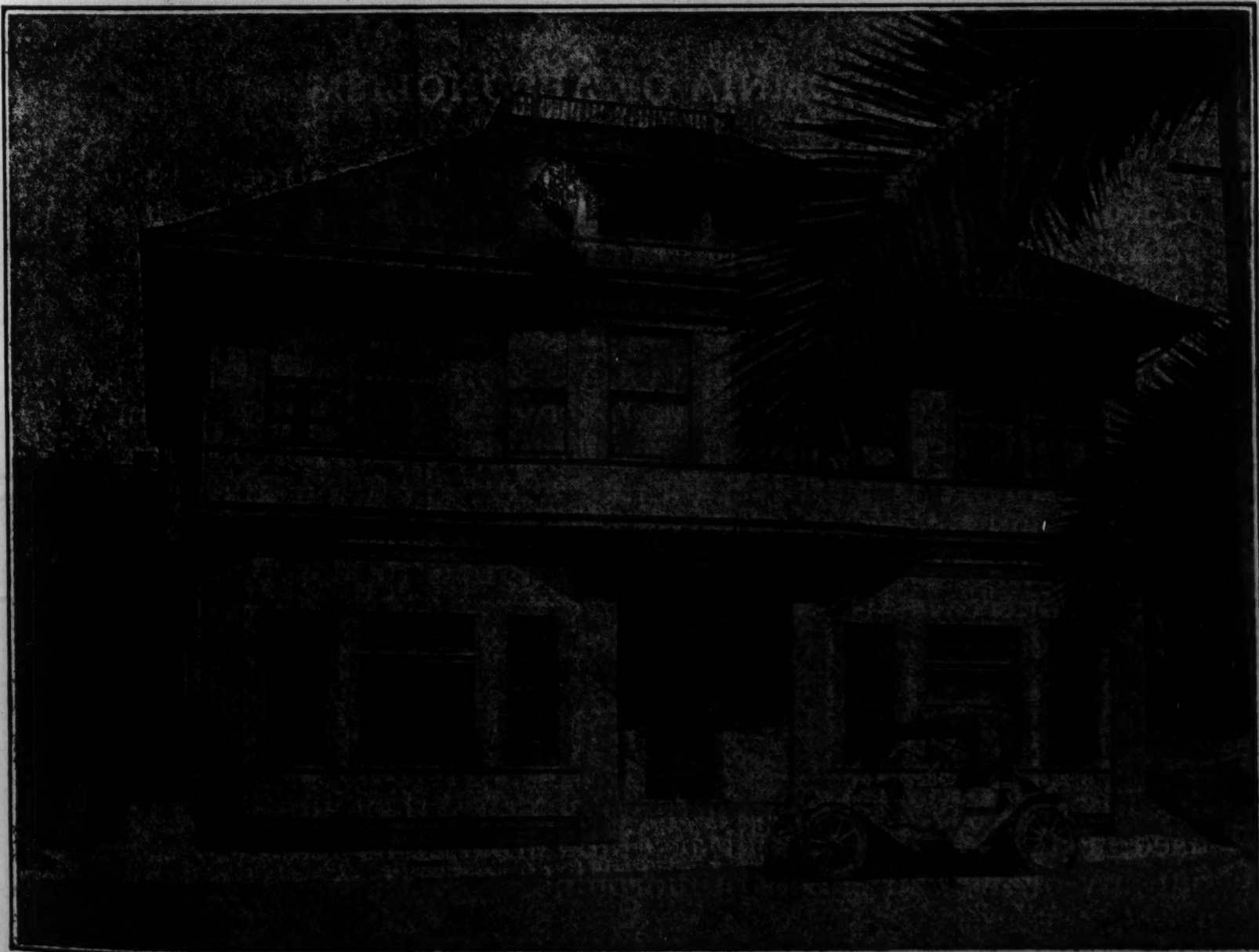
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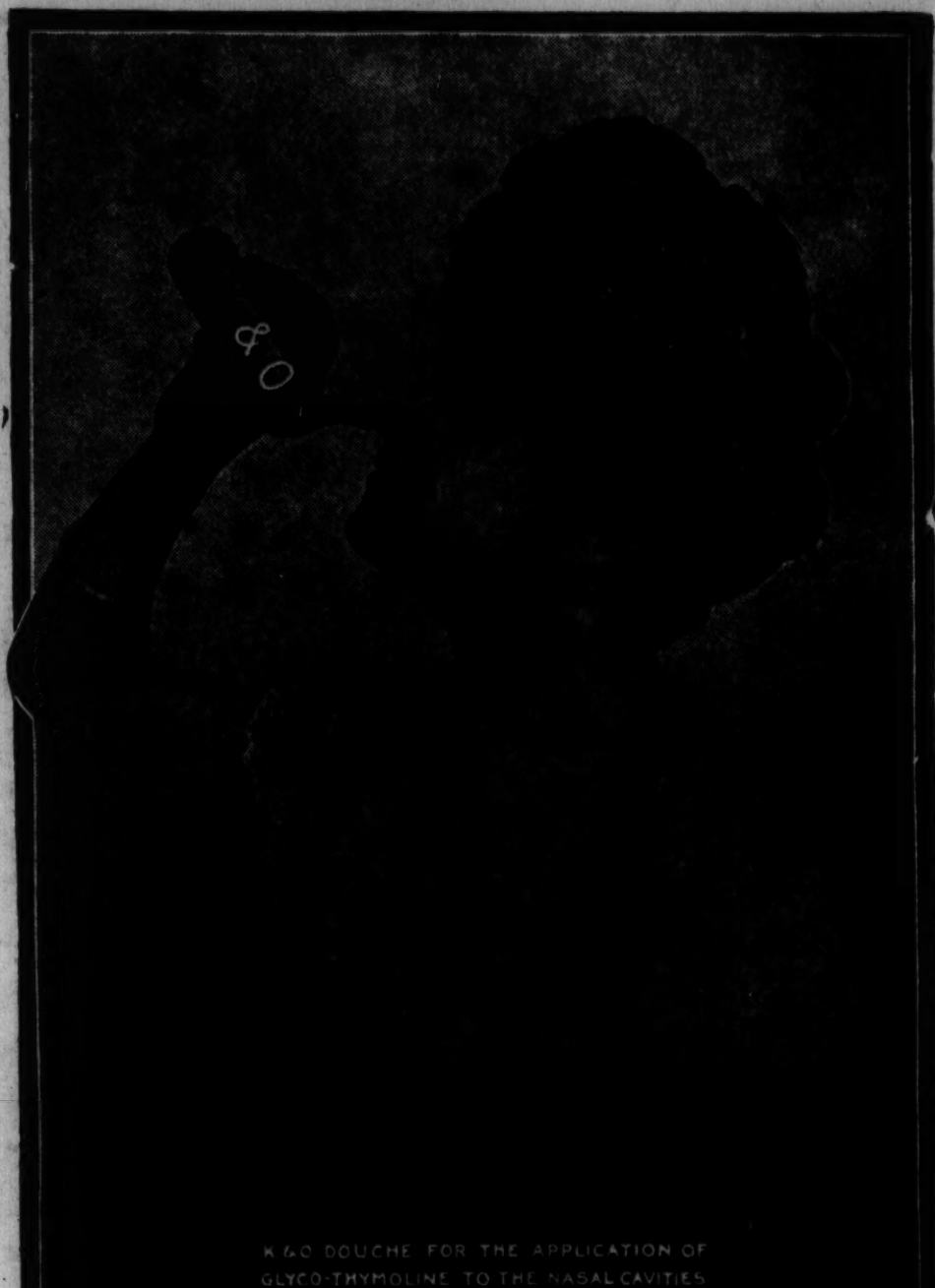
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The California Eclectic Medical Journal

Vol. V.

APRIL, 1912

No. 4

Original Contributions

IMPORTANCE OF RIGHT SOIL FOR MEDICINAL PLANTS.

John Fearn, M. D., Oakland, Cal.

I was delighted with the paper of Dr. Munk in the April California Medical Journal (a demonstration in Materia Medica). Such teaching as the doctor there outlines will be of inestimable value to the students. I have always believed that the Eclectic should know by handling, seeing, smelling, and tasting the vegetable drugs they use. In this way we may often detect substitutions. And I have known a very serious mistake in a compound discovered in this way. With regard to plants being best gathered in their own natural habitat I am strongly in favor of the theory, and I think I learned this from King and Scudder. Take any plant that naturally luxuriates in a limestone soil. Now plant this in an adobe soil, could you expect to get the same results from such a growth? Hardly. Therefore in transplanting get the soil and surroundings as much like the old as possible. Potatoes will do well in a light, sandy soil. In a heavy, wet soil the tubers are neither so prolific nor so good to eat. Two years ago, I was traveling in El Dorado County, Cal. I gathered leaves from the yerba santa bushes; they were dry paper and they did not have the yerba santa physical qualities. I traveled some seven miles farther up the country, and there I gathered more leaves from other bushes. But how different they were, full of the gum for which this plant is known. While carrying the leaves in my hand they stuck together as though they had been glued together. Parties troubled with throat and lung troubles, for which these leaves are useful, can in no way get the results of the drug better than chewing the rich leaves and swallowing the juice; but you might chew the poor paper-like leaves and you would only increase the irritation. I asked an old miner there how he accounted for the difference? He replied that those poor leaves grew on bushes that were rooted in a shallow granite soil; the fat leaves grew on a deeper, richer soil, largely composed of decomposed slate and porphyry, hence the leaves were so full of life and vigor. As regards the

doctor's botanic garden, I have seen that garden, and it is, in my opinion, an ideal soil and surrounding for growing good phytolacca. His description of the plants puts me in mind of the phytolacca I saw growing in rich bottom land in West Virginia. Ah, what a beautiful show they made. Stalks, leaves and berries full of vigor, and rich in color. I can never forget them; they looked tropical in their beauty and richness. I have seen phytolacca growing in Oakland. Large and vigorous plants, but they did not have the color or the beauty such as I have seen in the East, and the doctor grows in his botanical garden. Phytolacca is an important remedy. We cannot afford to tamper with quality. If you would get the best, get the plant where it grows in its own natural habitat.

FREAK CALIFORNIA WEATHER.

J. A. Munk, M. D., Los Angeles, Cal.

The weather in California is sometimes said to be "unusual." It is so uniformly pleasant and agreeable that any change from the normal is apt to be noticed and causes comment. To speak of the weather as "unusual" is a stock phrase of the tourist, when he wants to crack a joke or tries to be funny. It is his one chance to criticise the climate and furnishes him amusement and something to talk about.

The average resident was also once a "tenderfoot" and got here by coming; or, as Uncle Remus would say, "was gwine whar he was gwine"—but is here from choice and has come to stay. If any stranger thinks that he does not like the country, he should be careful not to tarry too long, as by staying overtime, there is danger of becoming infected by the California microbe, which, even if never seen, is just as real as some other bugs that we read about in books. When the germ once gets into the blood, there is no other cure for it but to come here and live as soon as possible. After that there is no other place fit to live in and the new citizen feels perfectly resigned to his self-imposed exile. If for any reason he is compelled to leave home for a season, he returns at the first opportunity. Strangers who are the most critical and fault-finding are usually the greatest boosters after they become converted, which in nearly every instance happens very soon.

California has certainly experienced "unusual" weather during the past winter because of the absence of rain. This peculiarity of weather was a benefit to the tourist as it fur-

nished pleasant going, but was a damage to the farmer, since the crops suffered from a lack of moisture. The rainy season is during the winter months and if it does not rain then, none can be expected for the balance of the year. Less than three inches of rain fell up to the first of March, when there should have been from ten to twelve inches by that time. The average annual rainfall for Los Angeles is fifteen inches, although in some years it amounts to twenty inches or even more. Since the first of March there have been several good showers, which has brought the rainfall for the season up to eleven inches and averted any serious shortage in the local water supply. In the absence of rain there have been clear skies and daily sunshine, steady cool weather, much high wind and clouds of dust. For this climate such a combination of weather is altogether unnatural and "unusual," but infinitely better than the blizzards and zero weather of the east. In the past fifty years California has had no weather like it, which marks it distinctly as a freak and, indeed, something "unusual."

The weather conditions in California are different at all time from what is found elsewhere, which makes the climate so delightful. There is an entire absence of all weather extremes of either heat or cold, wind or rain and electrical storms. There may be a rare exception to this rule, but it takes such an exception to prove the rule. Some persons complain whenever there are clouds or rain, but these things are necessary and a blessing to the country. The rain is ushered in by an east or south wind, but never when it is in the north or west. Before a rain the atmosphere becomes hazy and still, with only enough movement of the air to indicate the direction of the wind. During one or more such Indian Summer days the clouds gather and begin to "pour their garnered fullness down." The rain may continue for sometime in a steady downpour but more often it is distributed in gentle showers that pass in the night, leaving the days clear. Should the wind change its direction or increase much in force when the weather threatens rain, all signs of rain immediately vanish. The result often consists more of promise than fulfilment and disappointment is more frequently caused by too little than by too much rain. In most countries a rainstorm is preceded by wind and a hot wave and is followed by cooler weather. In California these conditions are usually reversed. A cold spell precedes the rain and if there is any wind it comes during or after the rain with a rising temperature. During eight months of the year no rain ever falls, and every day is perfect picnic weather; when the fields and orchards depend on irrigation for moisture.

California is a large state and the climate over this large area is affected in spots by altitude, latitude and longitude. It is over 1000 miles long and extends from Siskiyou on the north to San Diego on the south, and is nearly 400 miles wide. It contains all kinds of lands and climates from a sea level plain on the ocean front where there is perennial summer and the desert which in places dips far below the sea level, to towering peaks in the high Sierras where frost and snow are perpetual. The best conditions are found in Southern California and the country is rapidly filling up with people who come from every quarter of the globe. In variety and quantity of resources it is an empire in itself and before the Gringo came the natives depended entirely upon themselves for support. Of all the many attractions that it boasts, it can be truly said that the climate is its best asset and is the strong magnet which attracts the people to California and makes them happy and contented.

Climate for health is a great thing when it works, which it does not always do in the manner desired; but climate for comfort and happiness is always in order for those who are able to make the choice and can abide by it.

ALPHOZONE.

A. P. Baird, M. D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

The subject of this paper is a chemical compound of Succinic Acid and Hydrogen Peroxide having for its formula C_8, H_{12}, O_6 , is a white fluffy powder, distinctly metallic taste, soluble slowly in 30 parts of cold or luke warm water.

The inventor of the compound was an instructor in the University of Michigan by the name of Alphonso Clover, a very bright young chemist, as I have been informed.

The firm of F. Stearns seem to control the product. They put it up in vials of tablets or powder.

It is claimed to be a most active germicide and antiseptic, much more powerful than Bichloride or Phenol, or Permanganate, and is entirely harmless; can be taken internally in doses of from one to five grains.

It is recommended in all septic intestinal troubles, especially typhoid and ulcerous and cancerous conditions of both stomach and bowels. But its great merit lies in its action. Germicide properties applied locally in strength varying from 1-100 to 1-1000. A solution of 1-100 will sterilize the hands and instruments of the operator in five minutes, without any other means.

Have used the product for some five or six years (it has been on the market now some seven years, I believe).

Will give you some of my cases and let you judge as to its merits.

Some five years ago I was called to Garvanza to look after a man who got his right hand between the caps of the wheels of a stationary steam engine used by the City Water Company at Garvanza. The thumb was ground to mince meat powder; first joint of index finger showed a similar fate; middle finger not so bad; ring finger less so; little finger escaping with a piece gouged out.

Hurrying him to the hospital I called Dr. Pinkerton to administer an anaesthetic. First we gave him an H.M.C. tablet No. 1; one-half hour later got him on the table and seemingly under the influence of chloroform but soon he woke up and all efforts to get him under were futile; resorted to ether with no better success. He was unconscious all the time but required the combined efforts of four nurses, Dr. Pinkerton and myself to hold him on the table. I was obliged to go on with the work under these conditions. Every minute or so, in spite of all the efforts to restrain him, he would swing the injured hand violently around, coming in contact with anything and everything near. To keep it still, to say nothing of keeping it aseptic, was impossible. After $1\frac{1}{2}$ hours' strenuous work, the job was completed. He was put to bed; the wounds dressed with nothing but a 1-500 solution of Alphozone and kept moist all night with same, and so continued; using no other dressing, with not a sign of pus and no soreness after first night.

This experience with the remedy led me to use it in all perineal lacerations with uniform good results. In all cases of circumcision, I use nothing else, and know of nothing so clean and absolutely safe in such cases.

A few weeks ago a man while working for the County, got in the way of the handle of a big scraper hauled by four mules. The result was a laceration of the scalp of about 2 inches. After cleansing with a 1-500 solution of Alphozone; sutured the wound; gave him a 4-ounce bottle of a 1-1000 to keep the wound moist, which we dressed with a pledget of gauze moistened with the same strength. I never saw him again until he came to pay his bill. He then told me he went straight to work; kept the wound moist as directed; had his sister remove the stitches; no sight of pus.

Now comes my last case. This same man's partner while working on the County road in front of my office got his foot entangled in a machine drawn by two mules, called a picker, the picks caught his bootlace and pulled him towards

it, when the picks, as they revolved, gouged large pieces muscle from the upper third of the Tibialis Anticus, glancing off the tibia saved the bone from fracture. It was a large, ugly wound, requiring 22 sutures to close up the gap. I thoroughly cleansed the parts with 1-500 Alphozone, bound a padget of gauze, covered with absorbent cotton; gave him a large bottle of 1-1000 Alphozone to keep it moist, but it suppurated and some skin I had hoped to save sloughed; there were decided symptoms of sepsis, both local and systemic. My faith was a little shaken in the remedy, I confess, so reverted to other means to overcome the trouble, both local and systematic, which happily was successful and the wound healed by granulation.

My object in presenting this remedy before you is to draw out discussion from those of you who have had experience with it that we all may learn more about it. And for those of you who may be unacquainted with it, to get you to try it, for although the last experience was not what I looked for, perhaps it was no fault of the remedy. In such cases septic material may be driven into the tissues quite beyond the reach of any local germicide whose power depends on its coming in actual contact with the germs.

Another very remarkable case I will recite and leave you to judge of its merits, asking you if not acquainted with the compound, to investigate.

A lady came to me suffering from a chronic palpebral conjunctivitis. She had treated it herself for some 6 or 8 weeks with boric acid, but no results. I thought it a very easy case to overcome by using the Silver salts, but after faithfully and thoroughly using them all and all the other lauded remedies of the pharmacopea, it was as bad as ever. I then thought of Alphozone, which I used in strength of 1-2000, 1-1000 with no results. I then used 1-500, which in one day cleared up the case and has remained so ever since, some two months ago.

AN UNUSUAL CASE OF PREGNANCY.

James Beard, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Assn.

Some years ago, a lady in the zone of 28 years of age, consulted me about an ailment which her family physician had diagnosed as dropsy, for which he treated her for over three months.

A careful examination revealed a pregnant uterus, but there was no history of any symptoms, neither were there

any symptoms known to the patient which might be helpful to a diagnosis of pregnancy.

Her family physician gave her electricity and introduced the sound. He informed her there was nothing in the uterus.

However, I assured her there was something in the uterus, but could not say what; it might be a tumor, a kangaroo, or indeed a baby. She assured me that the idea of a baby was out of the question, that the cause of the abnormal development must be something else.

I gave her the benefit of the doubt in my mind, and treated her to reduce the ascitic condition, which responded to the treatment in a few days, and she felt a little better.

About ten days after I commenced treatment, I was summoned to see her as soon as possible. I found my patient to be suffering from what appeared to be labor pains. I had not long to wait before a dilated os was in evidence. In a short time a fully developed six months baby was delivered, but lived only ten hours. I believe if the mother had given it any care, it would have lived. The placenta was delivered and the patient felt much better, improving nicely until the fourth day, when she again complained of pains that were more like labor than after pains, resulting in the uterus expelling a mass of semi-decomposed substance which proved to be the remains of fetus.

This was a case of twins, the one dying in the uterus about the third month, yet the other life was not affected to any extent.

The dropsical condition of the patient was due to absorption of septic material, and had it not been for the circulation between mother and the live fetus, the patient would have lost her life long before I saw her.

This case should prove to be one of special interest to every practicing physician and ought to be an example to those who are inclined to make superficial examinations of their patients.

After a thorough cleansing out of the uterus, the patient made a rapid recovery, and in about four weeks she was quite strong and free from all dropsical symptoms, and my name became great in the city where she lived, for she did not forget the fact that I had saved her life.

Go thou and do likewise.

THE PREVENTION OF POST-OPERATIVE ABDOMINAL HERNIAS.

Dr. O. C. Welbourn, Los Angeles, Cal.

Read before the California State Eclectic Medical Society.

A post-operative abdominal hernia is a misfortune. And, like other misfortunes, it should be avoided when possible. The consistent and persistent efforts of the operator should be given with this end always in view, for by so doing the percentage of patients developing this condition is not only decreased, but in the event of a failure of perfect union, the patient is better fortified to withstand the insinuations of meddling friends.

The first and most common cause of abdominal hernia is suppuration; the infection being prior to and usually the cause for the operation. In these cases a drain is needed and the incision is necessarily left open. A large percentage of such cases develop a hernia, but many times it can be prevented by removing the drain early and closing the wound by means of non-absorbable sutures placed at the time of the operation. However, the best prophylactic is to operate at a time sufficiently early so that a drain will be unnecessary, and close the incision at once.

The second most common cause of abdominal hernia is infection introduced at the time of the operation.

It is quite the custom at such times to lay the blame upon the condition of the catgut. And doubtless sometimes it is faultily prepared, but it is the experience of the writer that such a ready assumption inevitably leads to slovenliness in aseptic technic on the part of the operator and his various assistants. There are many sources of infection besides catgut and each of these should be investigated most carefully before a decision is reached.

The third most common cause of post-operative abdominal hernias is the lack of skill in performing the operation. All of us are prone to forget that the tissues suffer from injury, even though the patient makes no protest. Many times we have seen tissues devitalized needlessly by the too vigorous application of pressure forceps. This rule should be remembered, "to do as little damage as possible to accomplish the end sought." Great care should be exercised in closing the incision even though to do so consumes more time than to perform the objective part of the operation. The structures should be closed most accurately with each layer of the

abdominal wall in absolute approximation with the structure, at the same time guarding against a separation of the various layers by the oozing which always follows. For the peritoneum and skin small plain catgut goes very well, but for the muscles and fascia a suture which is less rapidly absorbed is essential. Chromocised or Iodized twenty-day catgut is generally used, but care should be exercised to use no more than is necessary and to make as few knots as possible.

The fourth most common cause of post-operative abdominal hernia is that the patient is allowed to get out of bed too soon. Following a clean operation the incision at the end of ten days or two weeks appears to be quite healed. But it readily can be shown by splitting the incision wide open with a spud or any other blunt instrument that the newly formed cicatrix is by no means strong. At this time the union is no firmer than is that between the segments of an orange. The writer firmly insists that these cases remain in bed for twenty days.

The fifth most common cause of post-operative abdominal hernia is atrophy of the tissues involved, caused by loss of innervation. A great deal has been said about not cutting across muscle fibre, and very little about not cutting nerve structure. I refer now, not to the nerve trunks, but to the smaller branches. A severing of one of these means an atrophy of the structures supplied—a difficulty almost beyond remedy. Such a result usually shows in the tissues closely surrounding the cicatrix, but post-operative hernias from this cause have developed in localities somewhat remote.

In closing I wish to suggest that local atrophic conditions may develop in any part of the body from previously unrecognized degenerative changes in the spinal cord. And co-incidentally this may be a cause of post-operative abdominal hernia.

THE IRREGULAR PRACTICIAN.

Frederick Wallace Abbott, Ph.D., M.D., L.L.D., Tauton, Mass.

Read before the California State Medical Society.

The irregular practitioner has troubled us, not occasionally and slightly, but frequently and greatly, and, we unhesitatingly venture, is likely to remain, ethically, our "thorn in the flesh," quite a while: though an Esculapian, yet we are human.

First, he has sought, or, at least, appeared to seek, to injure our reputation: in our novitiate, he "damned us with faint praise" by terming us "a bright young fellow," "a man who ought to do something by and by," "a hopeful little

chap," and worst, maybe, of all, "an inexperienced student;" later, he declared, alas! our treatment unlike his, called us "too ambitious," and questioned our "rash experiments;" and now, he styles us a "pitiable visionary," and has "no use for these book doctors." Once, when superseding us, thinking, evidently, the quality of the hams in a smoke-house determinable from the shingles on its roof, he has pronounced our cathartic granules "morfeen," and been afraid he could "not overcome their baneful effect;" again, in consultation, he has judged our diagnosis "a hypercritical nicety," and trusted "broader experience" would render us "more practical;" and seldom, we fear, has he neglected a chance to "down us" with quizzical looks, expressive shrugs, and ominous reticence.

Second, he has reduced, to all intents and purposes, our fees. "How?" By making night-visits at day-rates, special examinations (thoracic, vaginal, urinary, rectal, bacteriologic, etc.) without additional charge, and unmerited discounts; by performing surgical operations, attending confinements, and treating venereal diseases, half-prices; by waiving mileage, or, to quote an indignant medical neighbor, "riding from Hell to Halifax for nine shillings;" and by locating, with preemptive designs, order-slates in country stores, especially when, as too often, he has radiated therefrom for the "nimble sixpence."

Third, he has appropriated our patients by "ways that are dark and tricks that are vain"; once, as he naively declared, "just to insure rational medication," volunteering to serve a well-to-do farmer gratuitously.

Fourth, he has jeopardized our liberty. "In what manner?" By unseasonably gathering the fruit of the womb, and to avert suspicion, leaving the vestiges of his crime to be effaced by some honorable practitioner. Thus, in a case recently seen, the operator, because, according to his unsolicited explanation, of his confidence in our discretion and skill, had advised his partner in the feticide to call us "to end the job,"—a recommendation unquestionably imperiling, and, therefore, nowise to be coveted.

In conclusion, we have used "irregular" with due respect to its etymologic significance, meaning, not the homeopath, the eclectic, the physiomedicalist, and the osteopath, whom, truth to tell, we have found no worse than their brethren of the dominant school, but all who violate the morals that ought to characterize the noblest of professions. There are such, no doubt, in most communities, and they should be ostracized whenever discovered.



**CALIFORNIA STATE BOARD QUESTIONS
HISTOLOGY.**

Ten Questions Required to be Answered on Each Subject.

1. (a) Name the stages into which the process of karyokinesis is divided.
(b) Describe the formation of the acromatic spindle.
2. What features would enable you to distinguish a section made transversely to the tip of the tongue from one made perpendicularly through the skin and subcutaneous tissue of the back of the hand? Make drawings.
3. Describe the histological characteristics of a longitudinal section of the trachea made perpendicularly to the surface of the mucous membrane. Make drawing.
4. What do you understand by the following terms:
 - (a) Neurone.
 - (b) Dendrite.
 - (c) Axone.
 - (d) Implantation cone.
 - (e) Tigroid granules.
5. Describe the relation that exists between the **small stellate** and the cells of Purkinje in the molecular layer of the cerebellum. Make drawings.
6. Describe the distribution of the branches of the renal artery in the kidney.
7. Describe a section made perpendicularly through a solitary lymph follicle such as is found in the colon. Make drawing.
8. Name and describe the different varieties of cartilage found in the human body and name a location where an example of each may be found. Make drawings.
9. Name the structures found in the portal canals of the liver. Make a sketch showing the difference in structure, size and relative position.
10. Name and describe the different varieties of white blood cells. Illustrate by drawings.
11. Identify two slides.
12. Identify two slides.

HYGIENE.

1. What conditions, climatic and social, should be thought of in reference to a locality to which you would send a case of pulmonary tuberculosis?
2. What are some of the sequelae of constipation? What hygienic and dietary regimen would you recommend to prevent constipation? What weight of feces should the normal man pass in twenty-four hours?

3. Name three mineral springs resorts in the United States (preferably in California) with brief statement of the special virtues of each.
4. What are the arguments for and against cremation as a method of disposing of the dead?
5. Name three (3) species of tape worm of which man is the host. In what food are they found?
6. Describe hook worm? In what section of the country is it most prevalent? What should be done to prevent it?
7. What is the object and modus operandi of traps on waste pipes? How does sewer gas act inimicably to health? What are the symptoms of sewer gas poisoning?
8. What is the period of quarantine required after the latest exposure to infection in (1) Small-pox, (2) Scarlet-fever, (3) Diphtheria?
9. State the methods by which typhoid fever may be transmitted.
10. Define the meaning of the terms—endemic, epidemic and sporadic.
11. What is the most important requirement that should be made by the State and municipality in order to maintain a pure milk supply?
12. Name four men whose discoveries during the eighteenth and nineteenth centuries did the most toward the protection of the health of mankind.

GYNECOLOGY.

1. How would you differentiate Phlegmanous vulvitis, from Pudendal hernia?
2. Pointed Condylomata, Diagnosis, and Etiology.
3. How would you differentiate a small Ovarian cyst from an inflammatory exudation on the broad ligament?
4. What are the methods of replacing the retro-verted or retroflexed Uterus when movable?
5. Differentiate impaction of faeces, pelvic peritonitis and cellulitis.
6. What is the pathology of (a) Hydrosalpinx. (b) Hematosalpinx diagnosis.
7. How would you differentiate inversion of the Uterus from a polypus?
8. What are the results of untreated inversion of the Uterus?
9. Mention some of the causes of sterility in women.
10. What are the precautions to be observed in the employment of a pessary?
11. A hot vaginal douche. For what is it used, how administered? Give technique.
12. What are the symptoms of Atresia vaginae?

ANATOMY.

1. Discuss the deep epigastric artery giving its origin, course, branches and principal structures with which it is in relation.
2. Describe the relationship of the bony points of the elbow when forearm is fully extended and when forearm is in extreme flexion.
3. Describe the renal circulation.
4. Give the distribution of the following intercostal nerves, second, sixth, seventh, tenth and twelfth.
5. Describe the azygos veins.
6. Describe the lymphatics of the mediastinum.
7. Describe the popliteal space; giving boundaries, relations and contents.
8. Describe the origin, course and distribution of the phrenic nerve.
9. Discuss the anatomy of the appendix as an etiologic factor in causing appendicitis.
10. Describe the vesical trigone.
11. Describe the internal abdominal ring. (b) Describe the external abdominal ring.
12. Give the relations of the common carotid artery in the neck.

GENERAL DIAGNOSIS.**Do Not Give Pathology or Treatment Unless Necessary for Diagnosis.**

1. Give the aetiology and symptoms of acute pulmonary oedema.
2. Differentiate hydrocele from inguinal hernia.
3. (a) What may cause enlargement of the cervical lymphatic glands? (b) Give differential diagnosis between any two of these conditions.
4. Differentiate osteomyelitis of a long bone from acute rheumatism.
5. Describe the appearance of the eruption in: (a) Measles. (b) Scarlet Fever. (c) Rubella. (d) Herpes Zoster. (e) Urticaria.
6. Describe manic-depressive insanity.
7. Describe a typical attack of croupous pneumonia.
8. Describe epidemic cerebro-spinal meningitis.
9. (a) What diseases show a low hemoglobin index? (b) Give the diagnosis of uncinariasis.
10. Describe a complete method for examination of the chest when pulmonary tuberculosis is suspected.
11. Describe the tuberculin tests. Discuss their value briefly.
12. Define: (a) Embolism. (b) Thrombosis. Give symptoms of pulmonary embolism.

CHEMISTRY AND TOXICOLOGY.

1. Name and describe the chief compounds of sodium.
2. What reaction takes place when carbon dioxide and lime-water are brought together? Give the equation.
3. Give the properties of chlorine. State its source and mention the most important of its compounds that are used in medicine.
4. Describe four tests for ammonia.
5. Give the chemical formula and chemical name of laughing-gas. How is the compound made?
6. How would you combine cream of tartar, baking-soda, and cornstarch to make baking-powder?
7. How do you determine whether a given white powder is HgCl or HgCl_2 ?
8. Describe collodion and celluloid.
9. Name the three classes of carbohydrates. What compounds do they include?
10. How is oxalic acid made? What is the antidote for oxalic poisoning?
11. Give two methods for distinguishing tartaric acid from citric acid.
12. What antidote, and in what quantity, should be given for poisoning by Iodine? By Lunar Caustic?

PATHOLOGY.

1. Of what is pus composed? Describe its formation and development.
2. After traumatic injuries name three structures or tissues which are likely to be replaced by normal tissues and three which will be replaced largely or entirely by scar tissue, and how will this scar tissue differ from normal tissue.
3. After death from long continued or chronic malarial poisoning what organic changes will be found?
4. Describe the structural or organic changes which take place in the heart as the result of arteriosclerotic disease of the coronary arteries.
5. What organic changes are likely to result from severe and long continued asthma?
6. How does the condition in bronchial pneumonia differ from the condition found in lobar pneumonia, and what differences, if any, in the causes producing these two conditions.
7. Locate and describe the changes which occur in Landry's paralysis (acute ascending paralysis) and name principal causes.
8. Locate and describe the changes in Multiple neuritis and give the principal cause.

9. Describe the changes in the skin in acute and chronic eczema.
10. Discuss the relationship between arterio-sclerosis and chronic interstitial nephritis.

OBSTETRICS.

1. What is the (a) primary, and (b) secondary dangers of ectopic gestation?
2. Discuss the matter of Caesarean section in presence of sepsis or in suspect cases? What other alternatives have you?
3. What is the greatest danger from retained placental remains after delivery?
4. What are the four cardinal points of presentation? Give number into which each are divided?
5. What do you understand by a compound presentation and how would you manage it?
6. Give one number and names of the joints of the obstetric pelvis?
7. In Gonorrhoea or suspect cases what means during labor would you pursue to avoid puerperal infection?
8. Describe the delivery of the shoulders in head presentation where the perineum is threatened?
9. How would you differentiate between septic lymphangitis and septic phlebitis in the puerperal stage?
10. Discuss the matter of craniotomy on living child? When, if ever, are you justified?
11. Give the attachments of the peritoneum to the uterus? What are the other supports of the uterus?
12. Describe the mode of an intra-uterine irrigation following labor, and give conditions justifying or demanding this measure?

PHYSIOLOGY.

1. What changes take place in the neurone on the central side of a lesion?
2. Discuss the inhibition of reflexes.
3. Give proofs of the existence of sensory nerves in muscles?
4. Describe the (a) accommodation reflex, and (b) light reflex of the sphincter pupillae.
5. What are the functions of the leucocytes and under what normal conditions is there a variation in number?
6. From what and how is lymph derived?
7. What causes the tonicity of the heart muscle?
8. Describe the aspiratory action of the thorax.
9. Describe the nervous mechanism of vomiting.
10. What are the functions of saliva?
11. What is the function of the parathyroids?
12. What are the functions of carbohydrate food?

BACTERIOLOGY.

1. How is the material obtained which is used to counteract the effect of the bite of a rabid dog?
2. What role do bacteria play in the production of Ptomaines?
3. What happens if a rabbit is infected with a virulent culture of Bacillus Anthracis? Explain in detail.
4. What produces Glanders, Relapsing Fever, Plague, Osteomyelitis, Favus?
5. How does Tetanus toxin injected into a muscle produce muscular spasm?
6. Define Complement, Amboceptor, Symbiosis, Endotoxin, Antigen.
7. State how you would determine the nature of a Dysentery. Give detail of findings.
8. How does the Hookworm usually gain access to the intestine? Give two ways.
9. Discuss, not over one page, Treponema Pallida.
10. How would you determine the presence or absence of pathogenic germs in a punctured wound?
11. How do tapeworms propagate?
12. How would you distinguish between a case of Tertian Malarial Fever, and one of Aestivo-Autumnal Fever? Describe findings.

BRAIN FAG.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

A preacher requested the writer to call and see him and gave the following statement:

He had been a school teacher some fifteen or twenty years previous to his present illness but ceased and had been preaching. Several months past he had accepted a large school and on falling heir to some advanced classes he has discovered that his old time teaching "was not in it" and that he had to study until late hours at night to be ready for his classes next day. Added to this was all of the preliminaries to look after. Some week or ten days ago he failed to sleep nights for several nights and had called in "a regular" physician who, of course, gave him a "hypo" of morphine which not bringing the desired sleep was repeated and the result was a very undesirable condition—no sleep for forty-eight hours. A wild expression of his eyes, cool extremities, no appetite, and was fast becoming afraid of people, though he had not ceased teaching. I informed the brother that he must cease his mental work at once or he would in a short while go into the Great Beyond or an asylum for the insane. He

promptly remarked that he would teach the remainder of that week and if he was not improving, he would take a rest—result, sent to the asylum.

A man who had, as did the young man of old, great possessions requested the writer to examine him “to know if he was sick.” He “sized up” all of his business every day but recently was made quite weak by a most terrific perspiration which would last several hours and only ceased after giving him active stimulants and much brisk rubbings. I decided that he was doing too much mental work and advised him to cease at once to attend to any business and retire to some watering place. He decided that I was correct and left in a short while. He rapidly improved, but, although he lived ten or a dozen years, he was not mentally strong enough to look over his business without symptoms of a break down.

I was recently called to a young preacher who had worked too hard—“could not sleep”—and had been treated by “a regular” who gave him 1-30 gr. of strychnine which promptly drove the little sleep away that a change of locations and environments had induced. I advised him to cease all mental work, not to talk or listen at others. He is improving but will never be the man mentally he was before this “break-down.”

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ATTEND YOUR SOCIETIES.

During this month there will be held the annual meetings of our local and State societies, and next month there will be the National. In holding these annual gatherings two things are attained—the betterment of the Eclectic cause and the betterment of the members individually. A doctor may have a good deal of knowledge and years of experience, but he can learn something of value to him at each of these meetings unless he be a born and cultivated egotist. It is worth while to make some sacrifices to attend these meetings from a purely selfish point of view. Don't expect to stay at home and get it all in the Journal later, for you will be disappointed. The sentence fraught with wisdom that "pops out" during extempore discussion is lost forever except to those who are present and hear it. Don't forget the dates—the first Tuesday in May, the third Tuesday in May and the third Tuesday in June.

THE MEDICAL TRUST.

The following extract from the Hastings Daily Republican of Hastings, Nebraska, is made because of its brevity and point. Dr. Robinson is having the fight of her life and deserves our sympathy—apparently she does not need our help. This is not an isolated case but one which is as much like many others as are two peas grown side by side in the

same pod upon the vine. In other words, it is the same thing. These insolent attacks are as wide-spread as is the nation, and the complete organization of the "regulars" can be met only by a like organization of the irregular forces. The extract is well worth reading, if you like to think.

On receipt this morning of official notice from the secretary that she had been dropped from the membership of the Adams County Medical Society, Dr. Amy Robinson announced an exposure of what she says is a condition of affairs in the local society that is a public menace.

"It is not for myself that I propose making these disclosures," she declared, "but because I think the public should be protected or should at least have the facts in order to protect itself.

"I consider it dangerous to the public welfare when such a body declares a boycott, as was done by a vote of the society recently, on nurses who work for osteopaths. And, too, when they threaten members who associate with osteopaths.

"These things were done over the protest of a part of the membership and in spite of our votes. Within the past year the whole policy of the society has changed. It is now committed to the policy of the national medical 'trust,' and is itself a small local trust.

"The national trust is working for the government bureau of public health, the Owens bill. By it they expect to control the healing business and to make illegal every other school than the 'regulars.' Those in control of the local society mean to clear out no matter what the pretext, all who oppose.

"It was not because I am an eclectic that they forced me out, for I am a member of both the allopath and eclectic schools, but because I am opposed to the trust.

"If possible I would have stayed in the society to combat the new tendencies, but since their vote to make me renounce one or the other society I have dropped it. I had none of my friends at the last meeting, March 6, and in view of the recent tendencies feel some relief in being free of the responsibility that their acts cause me."

Dr. Robinson insisted that the resolutions of the society, copies of which she had made be submitted to the public. The resolutions, the first passed in January, and the second at the February meeting, follow:

"Resolved, That it be and is the sense of this society and its members that in the future no member of this society will recommend or employ a nurse who nurses for and under the guidance of an osteopath except in emergency."

"Resolved, That it is considered unprofessional, unethical and beneath the dignity of any member of the Adams County

Medical Society to consult with or affiliate in any way professionally, except in emergency, with an osteopath, but a gross violation of the constitution and rules of the American Medical Association.

"It shall be the duty of the board of censors to reprimand any member violating this resolution privately for their first offense.

"For the second offense the board of censors shall suspend members from the Adams County Medical Society, the length of time at their discretion.

"The third offense they shall be expelled from the Adams County Medical Society by a two-thirds vote of its members."

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Washington, Ky., June 18, 19, 20, 21, 1912. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 28, 29, 30, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles May 7, 1912. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on April 2nd at the usual hour and place.

The name of Dr. W. C. Bailey, Holtville, was presented for membership and the doctor was unanimously elected.

Dr. A. P. Baird read a paper entitled "Alphozone," which was discussed by the different members present.

The next meeting on May 7th will be held in conjunction with the regular annual meeting of the Southern California Eclectic Medical Association, when there will be the usual all-day session.

Adjournment.

P. M. WELBOURN, Sec'y.

B. R. HUBBARD, Pres.

THE TIME APPROACHES.

The next meeting of the National is not far off. What arrangements have we made to attend this meeting? What excuse have we invented for not doing so?

Let us consider the matter a little. This is the first time in the history of the Association that it has approached the National Capitol. We are, therefore, on exhibition at the most noted center in the United States, if not in the world. Are you going to lend your aid to make it also the most noted meeting in the history of the Association? If not why not? Every one is aware that it requires a sacrifice on the part of all; or at least a seeming sacrifice. To leave our business, spend our money and time to attend this meeting, but those of us who make the pilgrimage yearly know that it is not a sacrifice to do so, but an absolute advantage. It broadens us out, relaxes tension and makes us feel the necessity for closer union of our forces. It also pays in dollars and cents when one casts up the columns.

Many of us, I will venture to say, have never visited the National Capitol, and therefore, do not realize the educational benefits to be derived from a visit of a few days in that city. Congress will be in session, hence the city will present the life that is usual to it.

Let me urge as strongly as I can, that all who can will go. Let us make as good a showing for our school as we possibly can. The accommodations which our Committee of Arrangements and Entertainment have secured are the best and extremely reasonable. The cost will not be excessive as it will be the season of Tourists' Rates. Go then and see Washington. Take part in the work of the Association, and by your help make of this meeting a grand success. We have labored hard for a year. We will labor to the end. If you do your duty the end will be what it ought to be. Fail to do so, and success can not be attained.

STEPHENS.

RATES TO THE NATIONAL.

There are no reduced round trip rates to Washington, except via Norfolk, Va., and steamer. Sixty-day circular tours to New York City, via Washington, with a different route returning, are very well arranged and only slightly higher, and in many cases, less than round trip to Washington. These are approximately as follows, as based on last year's tariff:

To Washington, D. C.

Los Angeles	\$77.25	\$107.50	\$107.50
Lincoln, Neb.	28.60	57.20	51.60
Kansas City	27.25	54.50	49.40

Omaha	27.50	55.00	49.40
Boston	10.40	20.80
New York	5.65	10.00
Buffalo	10.63	21.26
Pittsburg	8.00	16.00
Cincinnati	13.50	27.00	28.55
Cleveland	11.00	22.00	29.35
Chicago	17.50	35.00	34.40
Indianapolis	15.00	30.00	30.80
St. Louis	19.25	38.50	41.10
Atlanta	16.75	*31.50
Nashville	19.40	38.80	39.85
Dallas	37.05	74.10	67.80

*via Norfolk and steamer.

Hotel headquarters at Arlington Hotel. Rates on the European plan, \$2.00 per day and upward. On the American plan, \$4.00 per day and upwards. Don't forget the dates, June 18, 19, 20 and 21, 1912.

Very sincerely,

JOHN D. SCUDDER, M. D.,
Secretary Committee on Arrangements.

COLLEGE NOTES.

Herbert T. Cox.

As the month of April passed by, it was recalled to our mind that a horrible earthquake and conflagration occurred in San Francisco on April 18th, 1906. During the course of this fire the California Medical College was totally destroyed by fire and for one year thereafter existed in the form of ashes and upon paper. Because of the financial loss sustained by the Professors the only salvation for the College was to turn it over to the few Eclectics that then inhabited the southern end of the state. This was accomplished on August 12, 1907, and in a short space of time a building was secured and remodeled, and a faculty organized, so that on October 7th, 1907, college opened (as the California Eclectic Medical College) with a small number of students who had been also suddenly collected.

Some who are now in College happened to see this transplanted institution begin its second embryonic life. It is now with interest that we look back (over these four years) and review its gradual growth, up to where it might again understand the inroads of its environment. Although it makes no great display today (its purpose not being to make a display), it shows a steady healthy growth, with improvements in many different ways each year. Each year has always

seen some improvement over the year preceding, and from year to year the principle lecturers have improved, until now the college possess some next to none and has an enrollment of students equal to many colleges that have been established longer, and in fact has as large an enrollment as it had for several years when in San Francisco. Because of a smaller student body than some of the large colleges possess it does not make an elaborate display in building equipment, etc., but each individual student has necessary equipment in laboratory work, and in lecture and clinic work has the advantage of more personal instruction, and every student is aware of this fact, too.

In the summer of 1907, the college was removed from its temporary location at 846 Lyon Street to its present location at 337½ South Hill Street. By this move it gained a much more desirable and larger building, and also a much better class of clinical patients, besides being much more easily reached by the students and professors. And also during this time much has been added in the way of laboratory advantages, so that now every graduate who has applied himself thoroughly to his studies during his four years will go out with a confidence that he knows how to combat disease as well as the next fellow. All the students are thoroughly interested and aim to boost for a big year next year, and we hope that each anniversary of the transplantation will show improvement over the preceding one. So Hurrah! for the C. E. M. C. from students and faculty.

The student-body aims to make its last meeting for the year, which occurs Monday, May 6th, at 7:30 P. M., an extra interesting one. So the students have planned an open meeting to which the faculty are invited to see what we do when we are left to ourselves. There will be papers read by two of the students, and the important event of the evening will be a lecture by Prof. Hubbard upon the subject of "Hernias." We cordially invite each professor and their friends and any one who is interested to attend.

NEWS ITEMS.

Dr. Sophia Billenkamp, St. Louis, has sent us a year's subscription.

The Texas Eclectic Medical Association meets in Waco, on May 15th and 16th.

Dr. T. Doyle, Kansas City, sends his renewal through Ellingwood's Therapeutist.

Dr. W. T. Ray, Gould, Okla., sends his subscription for one year to the Journal. Dr. Ray is a member of the Democratic State Central Committee.

Dr. W. C. Bailey of Holtville, Cal., attended the last meeting of the Los Angeles County Eclectic Medical Society.

Dr. L. A. Pierce, Long Beach, has been ill for some weeks with erysipelas, but is convalescent at this writing.

Dr. and Mrs. H. T. Webster, Oakland, were visiting the Great Pyramid of Egypt during the middle of March, according to a card received.

A consignment of small forest trees was recently received by mail from Dr. Harvey Wicks Felter of Cincinnati, Ohio, for the College Botanical Garden.

Dr. Conaway, who has been visiting in this city, has handed to us a year's subscription to be sent to his brother, Dr. H. O. Conaway, Reynolds, Nebraska.

The wife and daughter of Dr. J. F. Barbrick have gone to the Imperial Valley to get the benefit of the desert climate for asthma, from which the daughter suffers.

The annual meeting of the Tennessee Eclectic Medical Society will be held in Nashville, May 21st and 22nd. The program promises an interesting meeting with animated discussions.

The annual meeting of the California Eclectic Medical Society meets in San Francisco on May 28, 29, 30, at which an unusually large attendance is expected. The headquarters will be at the St. Francis Hotel.

Dr. H. L. Henderson, Astoria, Oregon, writes that he will be unable to attend the different Society meetings this year because of the time necessarily consumed. The doctor enjoys the distinction of being one of the few doctors who occupies the chair of Mayor.

Dr. G. W. Harvey, who recently located at Bigpine, Cal., for health reasons, has opened up a sanatorium. He makes a specialty of chronic diseases and employs all kinds of baths and electricity as well as medicine. He formerly conducted the "Great Salt Lake Hot Spring Sanitarium," in Salt Lake City. It seems that the Inyo Valley is rapidly becoming a health resort.

At a recent meeting of the Los Angeles W. C. T. U. six hundred members of that organization put themselves on record as opposing the Owens bill and all similar oppressive medical legislation. Their disfavor was expressed in a very forceful and elaborate set of resolutions; which shows that the leaven of publicity is rapidly spreading.

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To Dr. S. P. Beebe, Ph. D., Professor of Experimental Therapeutics in Cornell University Medical School, the profession is indebted for a new and valuable preparation of the active principle of the thyroid gland. It is a carefully standardized product, consisting of certain proteids of normal glands, extracted, purified and adjusted to a content of 0.33 per cent. of iodine. Its preparation has been entrusted to Messrs. Parke, Davis & Co., and the product is offered to the

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Eclectic Medical Society

STATE OF CALIFORNIA

San Francisco, May 28, 29, 30, 1912

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